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10/18/2005

SHELDON & MAK, INC
225 SOUTH LAKE AVENUE
9TH FLOOR

PASADENA, CA 91101

11/02/2005 TBESHAR2 00000022 192090 10506911

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Marilyn Paik

(Depositor's name)

November 1, 2005

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/506,911	09/02/2004	Jerrold S. Petrofsky	13999-1US	5422

TITLE OF INVENTION: METHOD AND DEVICE FOR WOUND HEALING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	01/18/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
JASTRZAB, JEFFREY R	3762	607-050000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 David A. Farah, M.D.

2 SHELDON & MAK PC

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Loma Linda University

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Loma Linda, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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Authorized Signature

David A. Farah

Date

November 1, 2005

Typed or printed name

David A. Farah, M.D.

Registration No.

38,134

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)
(37 C.F.R. 1.311)

Docket No.
13999-1US

Applicant(s): PETROFSKY, Jerrold S.

Application No. 10/506,911	Filing Date September 2, 2004	Examiner JASTRZAB, Jeffrey R.	Customer No. 23676	Group Art Unit 3762	Confirmation No. 5422
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Invention: METHOD AND DEVICE FOR WOUND HEALING

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COMMISSIONER FOR PATENTS
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Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
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- ☒ Publication Fee: \$ 300.00 ☒ Advance Order # 6 copies of Issued Patent Fee: \$18.00
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David A. Farah
Signature

Dated: November 1, 2005

David A. Farah, M.D.
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Pasadena, California 91101
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Marilyn Paik
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Marilyn Paik

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